PTO/SB/06 (8-96)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unle Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD ろひりひ OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA RATE FEE RATE FEE NUMBER FILED FOR \$_395 BASIC FEE \$ OR (37 CFR 1.16(a)) 0 x sl l OR TOTAL CLAIMS 20 minus 20 = 0 (37 CFR 1.16(c)) 0 INDEPENDENT CLAIMS 41 = OR minus 3 = 0 3 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4)) OR _ 395 TOTAL OR TOTAL # If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) (Column 1) ADDI-**CLAIMS** HIGHEST ADDI-PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL **EXTRA PREVIOUSLY** AMENDMENT AFTER FEE FEE AMENDMENT PAID FOR QR 50 = Total Minus 20 (\$ <u>25</u> (37 CFR 1.16(c)) ΩR Independent 200 Minus x 100 = OR (37 CFR 1.16(b)) 180 = (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR 360= TOTAL TOTAL. OR ADDIT, FEE W ADDIT. FEE (Column 3) (Column 2) (Column 1) ADDI-HIGHEST ADDI-CLAIMS TIONAL AMENDINERAL PRESENT NUMBER RATE TIONAL RATE REMAINING **PREVIOUSLY EXTRA** FEE **AFTER** FEE AMENDMENT PAID FOR OR Total = ___ = Minus (37 CFR 1.16(c)) OR Independent = Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) ADDI-ADDI-HIGHEST CLAIMS PRESENT RATE TIONAL RATE TIONAL REMAINING NUMBER **EXTRA** AMENDMENT **AFTER PREVIOUSLY** FEE FEE PAID FOR AMENDMENT OR Total (37 CFR 1.16(c)) = Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT, FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case.

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